

**Arkansas Alternative Dispute Resolution Commission**  
**Statistical Reporting Form for Court Ordered Mediation**

*Please complete this form for all court ordered mediations. If a referral fails to attend mediation, fill in as much information as possible in order for the Commission to compile accurate statistics.*

**MEDIATOR INFORMATION**

|      |       |      |                      |
|------|-------|------|----------------------|
| Last | First | M.I. | Certification Number |
|------|-------|------|----------------------|

|      |       |     |       |
|------|-------|-----|-------|
| City | State | Zip | Phone |
|------|-------|-----|-------|

**FILING INFORMATION**

|        |       |           |   |
|--------|-------|-----------|---|
| County | Judge | Circuit # | Docket # (Include subject prefix, i.e. JV, DR, PR,CV) |
|--------|-------|-----------|---|

|                  |                  |                            |
|------------------|------------------|----------------------------|
| Plaintiff's Name | Defendant's Name | Date Mediation was ordered |
|------------------|------------------|----------------------------|

Division (please check one): ☐ JUVENILE    ☐ DOMESTIC RELATIONS    ☐ PROBATE    ☐ CIVIL

Is this case an *Arkansas Access & Visitation Mediation Program* Case?    ☐ YES    ☐ NO

**MEDIATION ISSUES**

**Case Type: Please check all that apply. For "Other" categories, please describe case characteristics.**

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Motor Vehicle Negligence                  | 8. <input type="checkbox"/> Decedent Estates     | 16. <input type="checkbox"/> Separate Maintenance           |
| 2. <input type="checkbox"/> Other Negligence                          | 9. <input type="checkbox"/> Trust Administration | 17. <input type="checkbox"/> Domestic Abuse                 |
| 3. <input type="checkbox"/> Malpractice                               | 10. <input type="checkbox"/> Guardianship        | 18. <input type="checkbox"/> Families in Need of Services   |
| 4. <input type="checkbox"/> Product Liability                         | 11. <input type="checkbox"/> Adoption            | 19. <input type="checkbox"/> Juvenile Delinquency           |
| 5. <input type="checkbox"/> Contracts (Please specify<br>type): _____ | 12. <input type="checkbox"/> Divorce             | 20. <input type="checkbox"/> Dependency Neglect             |
| 6. <input type="checkbox"/> Equity                                    | 13. <input type="checkbox"/> Paternity           | 21. <input type="checkbox"/> Termination of Parental Rights |
| 7. <input type="checkbox"/> Partnership                               | 14. <input type="checkbox"/> Custody/Visitation  | 22. <input type="checkbox"/> Extended Juvenile Jurisdiction |
|   | 15. <input type="checkbox"/> Child Support       | 23. <input type="checkbox"/> Other: _____                   |

**MEDIATION SESSION(S)**

**1. Did the mediation take place?**

- A. ☐ No, mediation never began.
- B. ☐ Yes, but mediation was halted.
- C. ☐ Yes, mediation was completed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ with a full agreement.
- D. ☐ Yes, mediation was completed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ with a partial agreement.

**2. Did the judge send all issues of the case to mediation or limited issues of the case?**    ☐ All Issues    ☐ Limited Issues

**3. How many mediation sessions were conducted?** \_\_\_\_    **4. How many TOTAL hours were spent in mediation?** \_\_\_\_

*Please complete and return to:*

**Arkansas Alternative Dispute Resolution Commission**  
**Administrative Office of the Courts**  
**625 Marshall Street**  
**Little Rock, AR 72201**  
**FAX: (501) 682-9410**